

**TELECOMMUTING PROGRAM
SAFETY CERTIFICATION**

For use of this form, see USAARMC Policy Memo 7-00, 17 Apr 00, subj: Telecommuting Program

Employee Name: _____

Organization: _____

I hereby certify that the work area at the telecommuting location identified below is adequate in size and has no safety hazards posing a risk of injury. Lighting is adequate and the electrical system is sufficient for the additional equipment that may be used. I will inform the supervisor of any changes in the telecommuting work location raising safety issues.

The telecommuting location is: _____

Employee's signature and date _____